



ALMA MATER STUDIORUM
UNIVERSITÀ DI BOLOGNA

Simultaneous registration form

To the Rector
of the Alma Mater Studiorum - Università di Bologna

The completed and signed form should be emailed to master@unibo.it, together with a copy of a valid identity document.

The undersigned _____ Student Registration Number _____

HEREBY DECLARES THAT HE/SHE IS CURRENTLY ENROLLED IN A:

- First-cycle degree programme
- Second-cycle degree programme
- Single-cycle degree programme
- Professional Master's Programme (1st Level)
- Professional Master's Programme (2nd Level)
- PhD Programme
- Medical specialisation programme
- Non-medical specialisation programme
- Afam programme

At:

- University of Bologna
- Other Italian university/institution
- Foreign university _____

Year of enrolment in the programme _____

Programme 1:

The course you are enrolled in has compulsory attendance: Yes No

and wishes to enrol in the following second programme:

Programme 2:

- Professional Master's Programme
- PhD



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At:

- University of Bologna
 Other Italian university/institution
 Foreign university _____

Name of the programme the student wishes to enrol in

DECLARES

pursuant to Articles 46, 47 and 76 of Italian Presidential Decree No. 445 of 28 December 2000:

- 1) that, in the case of simultaneous enrolment in a Professional Master's/PhD programme or a research specialisation school, both requiring compulsory attendance, the compatibility assessment is the responsibility of the respective collegiate bodies, as prescribed by the Regulations on Specialisation Schools;
- 2) that, with regard to the PhD programme, he/she is aware of the further limitations to simultaneous enrolment set out in Italian Law no. 33 of 12 April 2022 and by Italian Ministerial Decrees 930/2022 and 933/2022;
- 3) that he/she is aware that enrolment in the second programme is conditional on all the requirements being verified.

Pursuant to Article 13 of Regulation (EU) 679/2016 (the GDPR), the personal data collected in this document shall be processed by the University of Bologna in accordance with the principles of lawfulness, fairness, transparency and confidentiality, and processed or transmitted to other entities exclusively for the University's institutional purposes.

Date

(signature)

Required attachments:

- Copy of an identity document
- Specialisation/PhD study programme
- Authorisation of the Director of the Specialisation School/PhD Coordinator